

 COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES	SERVICE PROVIDER AGENCY	A-877
	AIR AMBULANCE SERVICE PROVIDER AUTHORIZATION	
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I. PURPOSE

To define the process for authorization of air ambulance service provider agencies operation by the County of San Diego, Emergency Medical Services (CoSD EMS).

II. AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.204, 1797.206, and 1797.218.

III. POLICY

All air ambulance service provider agencies operating within the CoSD EMS system shall be authorized by CoSD EMS prior to operation, and must operate within the standards defined within the San Diego County Ambulance Ordinance.

- A.** To be authorized to provide EMS air ambulance support, the provider shall:
1. Provide services on a continuous 24 hour basis.
 2. Maintain medical flight crews as provided for by each aircraft classification.
 3. Function under local medical control.
 4. Comply with the EMS Quality Assurance/Quality Improvement (QA/QI) process.
 5. Submit prehospital reports per CoSD EMS Policy S-601 "Documentation Standards and Transferral of Prehospital Care Record (PCR) Information".
 6. Participate in community education programs and first responder orientation when requested.
 7. Submit to EMS evidence of compliance with California Code of Regulations, Title 22, Division 9, Chapter 8, Sections 100302 "Medical Flight Crew" and 100306 "Space and Equipment".
 8. Enter into a written agreement with CoSD EMS as an air ambulance service provider.
 9. Submit to CoSD EMS verification of dispatch capability 24 hours a day/7 days a week that is capable of maintaining constant communication with the aircraft.
 10. Comply with all applicable federal and state air regulations.
- B.** CoSD EMS may revoke or suspend authorization of an air ambulance provider for failure to comply with applicable policies, procedures, protocols, and regulations.
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IV. PROCEDURE

- A.** Agencies requesting authorization must submit a written request to CoSD EMS to include, but not be limited to:
 - 1. Number and type of aircraft to be authorized
 - 2. Patient capacity of each aircraft
 - 3. Level of patient care to be provided by each aircraft
 - 4. Proposed staffing for each aircraft
 - 5. Statement of demonstration need

- B.** Once authorized, the provider agency shall notify the local EMS agency of:
 - 1. Any foreseen or unforeseen change in or disruption of service (i.e., decrease in number of aircraft available, staffing patterns, or patient care capabilities).
 - 2. Documentation of satisfactory compliance with personnel requirements, equipment, and supplies.